MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/532444**

FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1			1			
2						
3				2		
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TOTAL IND.			1			
TOTAL DEP			5			
TOTAL CLAIMS			6			

CLAIMS	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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TOTAL IND.						
TOTAL DEP						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)